

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-63-016601

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 176

Primary Registration District No. 4266

Registrar's No. 11

FILED MAY 6 1963

VS 300
Rev. 4/59

10540

20540

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9331X

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DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY Lafayette		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Lafayette	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Wellington		c. CITY OR TOWN Wellington	
Length of stay in 1b Life		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 2 bl. east 131 onold 24		d. STREET ADDRESS (If outside, give location) 2 bl. east 131 & old 24	
3. NAME OF DECEASED (Type or print) First MARGARET (n) Middle CARTER Last		4. DATE OF DEATH Month April Day 25 Year 1963	
5. SEX Female	6. COLOR OR RACE White	7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 11/22/1877 85
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) retired home worker		10b. KIND OF BUSINESS OR INDUSTRY Home	
13a. FATHER'S NAME Andrew Carter		13b. MOTHER'S MAIDEN NAME Josephine Ohls	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of) No		16. SOCIAL SECURITY NO. NO	
17. INFORMANT Thomas E. Carter		Address Wellington, Missouri	
18. CAUSE OF DEATH (Enter only one cause per PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cerebral Hemorrhage		INTERVAL BETWEEN ONSET AND DEATH 3 days	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Cerebral arteriosclerosis 10 years		PART III. If deceased was female was there a pregnancy in last 90 days <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour <input type="checkbox"/> a.m. <input type="checkbox"/> p.m.	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION Wellington, Missouri		
21. I attended the deceased from 6-1-53 to 4-25-63 and last saw her alive on April 25, 1963		Death occurred at 3:00A on the date stated above, and to the best of my knowledge, from the causes stated.	
22a. SIGNATURE <i>Edmund Davidson</i> (Degree or title)		22b. ADDRESS Wellington, Missouri	
22c. DATE SIGNED 5-1-63			
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 4/27/1963	23c. NAME OF CEMETERY OR CREMATORY I.OOF. Cemetery	23d. LOCATION (City, town, or county) (State) Wellington, Missouri
24. FUNERAL DIRECTOR J. C. Sheppard		25. DATE RECD. BY LOCAL REG. May 1, 1963	
ADDRESS Wellington, Missouri		26. REGISTRAR'S SIGNATURE <i>Edmund Davidson</i>	

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK
OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed

J. Blair Sheppard

Licensed Embalmer No. 4179

P. O. Address Wellington, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.